

# **PART B - FEE(S) TRANSMITTAL**

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23377 7590 02/24/2010  
**WOODCOCK WASHBURN LLP**  
**CIRA CENTRE, 12TH FLOOR**  
**2929 ARCH STREET**  
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/714.228 11/14/2003

Luigi Grasso

MOR-0251 /

4529

**TITLE OF INVENTION: METHODS OF GENERATING HIGH-PRODUCTION OF ANTIBODIES FROM HYBRIDOMAS CREATED BY IN VITRO IMMUNIZATION**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<del>YES</del> NO	<del>\$355</del> \$1510	\$300	\$0	<del>\$355</del> \$1810	05/24/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
CANELLA, KAREN A	1643	435-069600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 1 **Woodcock Washburn, LLP**  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2  
(3) 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Morphotek, Inc.

Exton, Pennsylvania

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3050 (enclose an extra copy of this form).

5. **Change in Entity Status** (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Felicity E. Groth/

Date May 24, 2010

Typed or printed name Felicity E. Groth

Registration No. 47,042

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